

ROUTING SLIP FOR INVOICES

DATE June 6, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE March 2018 Supp

TO Shropshire

INITIAL REVIEW NS

DATE 06/21/18

PC REVIEW

DATE _____

ASSIST.DIR./DIRECTOR
APPROVAL

DATE 1/19/18

POSTED TO SPREADSHEET 06/21/18

SENT TO FISCAL

EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT?

① COMMENTS: NOLA Media Group was not Reimbursed for Advertising on the March 2018 Invoice.
② Lawn Care Services was not Reimbursed on the March 2018 INvoice.



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfss.la.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

Date 06/21/2018

MEMORANDUM

**TO: OM&F Fiscal
Contract Payments**

FROM: Dora Thomas

Program Manager

**RE: Invoice for payment
PO # 2000234086**

Contractor Name: Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact Norman Shropshire at 225-219-2742.

Attachment





DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

JUN 06 2018

DCFS
Economic Stability

Family Values Resource Institute, Inc.,
Contractor Name

7515 Scenic Highway

Mailing Address

Baton Rouge, LA 70807

City, State, Zip

- Barbara Thomas / 225-359-9001

Contact Person/Telephone Number

MARCH 2018
Service Period

2000234086

Contract/CFMS#

19
204086 - MARCH 2018 SUPPLEMENT

Invoice Number

234086-0388

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$0.00	\$143,749.93	\$143,749.93	\$28,750.07	
FRINGE BENEFITS	\$22,235.25	\$0.00	\$12,057.64	\$12,057.64	\$10,177.61	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$782.90	\$217.10	
OPERATING SERVICES	\$52,564.75	\$1,275.00	\$42,224.88	\$43,499.88	\$9,064.87	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$0.00	\$51,280.63	\$51,280.63	\$12,619.37	
OTHER CHARGES	\$216,000.00	\$0.00	\$168,200.00	\$168,200.00	\$47,800.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	\$529,200.00	\$1,275.00	\$419,295.98	\$420,570.98	\$108,629.02	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Signature of Authorized Contractor Representative and Title

6/5/18

Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj Line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.
	7/19/18

Signature and Title of Authorized DCFS Official

Date



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

JUN 06 2018

DCFS
Economic Stability

FINANCIAL REPORTING INSTRUCTIONS

Column A - Expenditure Category – Enter the expenditure categories required by the contract.

Column B – Approved Budget – Enter the approved budget for the current contract term for the budget categories approved in the contract.

Column C – Current Period Expenditures – Enter the expenditures incurred and paid for the current reporting period.

Column D – Prior Period Expenditures - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

Column E – Cumulative Expenditures To Date – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

Column F – Remaining Balance – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

Column G – Cost Sharing – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

Personnel – Salaries and wages provided for all persons directly employed by the contractor.

Fringe Benefits – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

Travel – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

Operating Services – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

Supplies – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

Professional Services – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

Other Charges – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

Equipment/Acquisitions – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

Indirect Costs – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

DEPARTMENT OF Children and Family Services
 OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
 Alternatives to Abortion

Received

JUN 06 2018

DOCS
 Economic Stability
 2000234586

CONTRACTOR: Family Values Resource
 Institute, Inc.

CFMS:

ADDRESS: 7515 Scenic Hwy.

Rep. Cat. 5071
 Org. 4274

Baton Rouge, La. 70807

MONTH AND YEAR OF
 SERVICE:

MARCH 2018
 SUPPLEMENT

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

COST REIMBURSEMENT: Personnel Services

Staff:	Project Director	\$ 0.00
	Project Adm.	\$ 0.00
	Educ. Specialist	\$ 0.00
	Compliance Coordinator	\$ 0.00
	Data Entry Specialist	\$ 0.00
	Client Svcs. Coord./Care Provider	\$ 0.00
	Fringes	\$ 0.00
	SUBTOTAL	\$ 0.00

OTHER EXPENSES:

Rent	\$ 0.00
Utilities	\$ 0.00
Printing	\$ 0.00
Copier Lease	\$ 0.00
Travel	\$ 0.00
Postage	\$ 0.00
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 0.00
Telephone	\$ 0.00
Internet	\$ 0.00
Online Client Database	\$ 0.00
Accounting/Bookkeeping Services	\$ 0.00
Subcontractors	\$ 0.00

Received

JUN 06 2018

DCFS
Economic Stability

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

FOR DSS USE ONLY

INVOICE #

Reviewed and Approved:

DCFS Contract Services Representative Signature

Date

 NOLA MEDIA GROUP

Advertising \$1,125.00

REVISED MEMO INVOICE			
BILLING PERIOD	ADVERTISER/CLIENT NAME		
03-01-2018 to 03-31-2018	FAMILY VALUES RESOURCE INSTITUTE INC		
TOTAL AMOUNT DUE	UNAPPLIED AMOUNT	TERMS OF PAYMENT	
\$2,250.00		UPON RECEIPT	
CURRENT NET AMOUNT DUE	PERIOD 1	PERIOD 2	PERIOD 3
\$1,125.00	\$1,125.00	\$0.00	\$0.00
BILLED ACCOUNT NAME AND ADDRESS			
Page 1 of 1	5/10/2018	REMITTANCE ADDRESS	
BILLED ACCOUNT NUMBER		NOLA Media Group Dept 77571 PO Box 77000 Detroit MI 48277-0571	
1000843691			
ADVERTISER/CLIENT NUMBER			
1000843691			

BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION

CUSTOMER SERVICE INQUIRIES 877-229-9911

DATE	INTERNAL REFERENCE NUMBER	PRODUCT - DESCRIPTION	UNITS	AMOUNT
		Balance Forward		1,125.00
03/16/2018	0008569274-01	Digital Search SEM Local Search 0003886543	Digital	125.00
03/19/2018	0008571111-01	Digital Search SEM Local Search 0003767695	Digital	1,000.00

+ 1,125.00

Total Operating
Services

Advertising 1,125.00 +
LawnCare - 150.00 +
1,275.00 *
Total

Advertising

FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874 NO MATERIAL (225) 359-9001		1087
PER ENVELOPE		DATE <u>5/29/2018</u>
PAY TO THE ORDER OF <u>Nola Media Group</u>		\$ 1,125.00
<u>One thousand one hundred twenty-five +00/100</u>		DOLLARS 
 <u>Guaranty Bank</u> NEW YORK UNION AND TRUST COMPANY		<u>Barbara J. Thomas</u>
FOR Acct #: <u>10008431091</u> <u>March 2010</u> Billing Period		
#00 1087# 1065 2049801#		#0000 112500#

JPMORGANCHASE BK NA	CR TO NMD
060418 >074909962<	PAYEE ALL
26498253 7757101	RTS RSVD
00966937 055	0000000777177890

Ch #5022

Maintenance - Lawn Care Services

BOBBY HOOKER
225-802-2710

INVOICE

INVOICE #: 201803

INVOICE DATE: 3/26/2018

Billed To: Family Values Resource Institute, Inc.
7515 Scenic Hwy
Baton Rouge, LA 70807

+ \$150.00

DATE	DESCRIPTION	QTY	AMOUNT	TOTAL
3/26/2018	Lawn Care Services - March 2018 3 cuts @ \$50 each	3	50.00	150.00
				TOTAL \$ 150.00

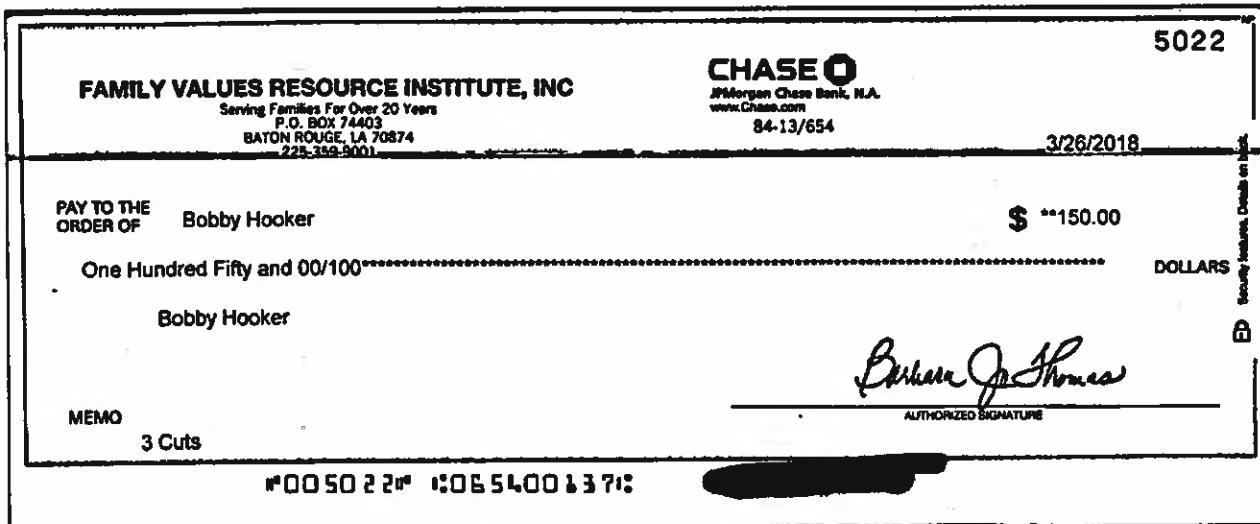
Bobby Hooker

SIGNATURE

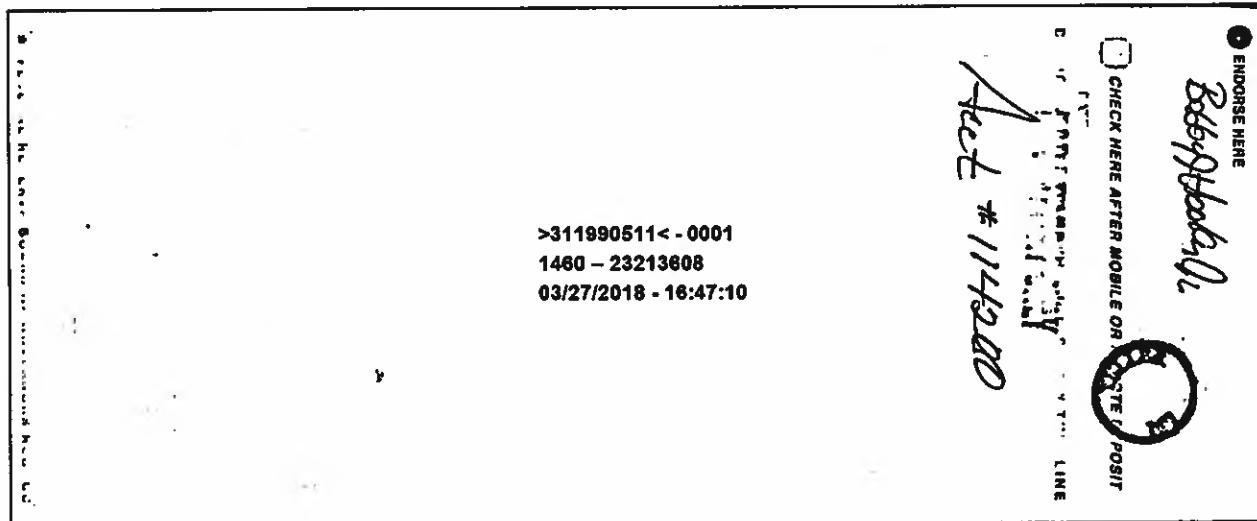
Check

Lawn Care Services

Front



Back



Post date
Mar 28, 2018

Check #
5022

Check amount
\$150.00

JPMorgan Chase Bank, N.A. Member
FDIC

©2018 JPMorgan Chase & Co.

Equal Opportunity Lender

ROUTING SLIP FOR INVOICES

DATE April 18, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE March 2018

TO Shropshire

INITIAL REVIEW NS

DATE 05/04/18

FSPS2 REVIEW

DATE

Program Manager 1/2 DL

DATE 5/7/18

POSTED TO SPREADSHEET 05/04/18

SENT TO FISCAL 05/07/18 EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

COMMENTS:

Norman Shropshire

From: Norman Shropshire
Sent: Monday, May 07, 2018 12:24 PM
To: 'barbarat@family-values.org'
Cc: 'talishad@fvri.org'
Subject: March 2018 Invoice
Attachments: image2018-05-07-120858.pdf

Good afternoon,

Attached is a copy of the March 2018 Invoice for your record.

Please contact me if you have any questions.

Thank You

Norman Shropshire
ES Program Consultant
Dept. Of Children And Family Services
627 N. Fourth St., 5-315
Baton Rouge, LA 70802
Norman.Shropshire@la.gov
Phone (225)219-2742
Fax (225)342-2536



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfss.la.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

Date 05/04/2018

MEMORANDUM

TO: OM&F Fiscal
Contract Payments

FROM: Dora Thomas 
Program Manager

RE: Invoice for payment
PO # 2000234086

Contractor Name: Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact: Norman Shropshire (225) 219-2742.

Attachment



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

APR 18 2018

DCFS
Economic Stability

Family Values Resource Institute, Inc.,
Contractor Name

7515 Scenic Highway
Mailing Address

Baton Rouge, LA 70807
City, State, Zip

- Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

MARCH 2018
Service Period

2000234086
Contract/CFMS#

18 MARCH 2018 234086 - 0318
Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$114,999.93	\$129,374.93	\$43,125.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$9,327.85	\$10,427.53	\$11,807.72	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$782.90	\$217.10	
OPERATING SERVICES	\$52,564.75	\$3,126.53	\$32,017.38	\$35,143.91	\$17,420.84	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$39,161.19	\$43,470.91	\$20,429.09	
OTHER CHARGES	\$216,000.00	\$24,400.00	\$116,400.00	\$140,800.00	\$75,200.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$47,310.93	\$313,689.25	\$361,000.18	\$168,199.82	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
Signature of Authorized Contractor Representative and Title

4-15-18

Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj Line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.				
	<u>Barbara Thomas</u> Program Review 3/7/18				
	Signature and Title of Authorized DCFS Official				
	Date				



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

FINANCIAL REPORTING INSTRUCTIONS

Column A - Expenditure Category – Enter the expenditure categories required by the contract.

Column B – Approved Budget – Enter the approved budget for the current contract term for the budget categories approved in the contract.

Column C – Current Period Expenditures – Enter the expenditures incurred and paid for the current reporting period.

Column D – Prior Period Expenditures - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

Column E – Cumulative Expenditures To Date – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

Column F – Remaining Balance – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

Column G – Cost Sharing – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

Personnel – Salaries and wages provided for all persons directly employed by the contractor.

Fringe Benefits – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

Travel – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

Operating Services – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

Supplies – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

Professional Services – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

Other Charges – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

Equipment/Acquisitions – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

Indirect Costs – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.



Page: 1 of 1

Statements Dates
03/01/2018 - 03/31/2018

Return Service Requested

Account Number:

1728 110000 001

FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS
P O BOX 74403
BATON ROUGE LA 70874

Images:

0

***ZERO CHECKS* EO**

**EFFECTIVE 5.25.18 THE BANK WILL NO LONGER SELL TRAVELERS
CHEQUES. SPEAK WITH YOUR BANKER ABOUT OTHER ALTERNATIVES.**

***** CHECKING ACCOUNT SUMMARY *****

Checking Account Summary

PREVIOUS BALANCE		AVERAGE BALANCE
+ 5 CREDITS		
- 6 DEBITS		
- SERVICE CHARGES		
+ INTEREST PAID		
ENDING BALANCE		YTD INTEREST PAID

***** CHECKING ACCOUNT TRANSACTIONS *****

• Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------



110000001

• Other Debits

Date	Amount	Description	Date	Amount	Description
03/14	6,800.08	PAYROLL PAYCHEX INC.	03/29	6,800.15	PAYROLL PAYCHEX INC.
			3/30		018087000657711CCD

3/15
payroll

3/30
payroll

• Balance By Date

Date	Balance	Date	Balance	Date	Balance
------	---------	------	---------	------	---------



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: MARCH 2018

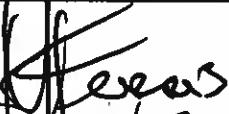
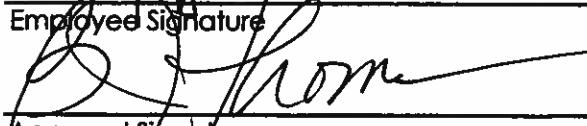
Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life
List Major Work Performed	% of Time	
Collect, Review and Approve Subcontractor Reimbursements		40%
Fielding and Answering Calls and emails from Subcontractors		30%
Creating and updating forms and files		20%
Organizing after conference 3/24/18		10%
Total % of Time on Project:		100%

Sponsored Project:		Louisiana Alliance For Life - continued
List Major Work Performed	% of Time	
Total % of Time on Project:		100%

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	


Employee Signature

Approval Signature

4/9/18
Date
4/9/18
Date

Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: 3/1/2018

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
<i>List Major Work Performed</i>		<i>% of Time</i>
Prepare for and facilitate LAL Sub-Contractor Training Workshop		50
Communication w/ Sub-Contractors- questions & expectations & compliance		5
Prepare and facilitate staff meeting.		15
Total % of Time on Project:		70

Sponsored Project:		Family Values Resource Institute
<i>List Major Work Performed</i>		<i>% of Time</i>
Counseling Clients - Pregnancy Testing & providing referrals as needed		10
Work with student mentee on project & research paper		10
Meetings & review of vendors for online marketing		10
Total % of Time on Project:		30

Sponsored Project:		
<i>List Major Work Performed</i>		<i>% of Time</i>
Total % of Time on Project:		

Talisha Davis

Employee Signature

John

Approval Signature

4/10/18

Date

4-10-18

Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	
<i>List Major Work Performed</i>	<i>% of Time</i>
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	15%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	<i>% of Time</i>
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	<i>% of Time</i>
Total % of Time on Project:	

Shirley Walker

Employee Signature

B. Thomas

Approval Signature

4-09-18

Date

4-9-18

Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
<i>List Major Work Performed</i>	<i>% of Time</i>	
Client data entry		10%
Scheduled/ taught individual prenatal classes		55%
Followed up with students over the telephone		15%
preparing gift packages for the EWYL graduates		20%
Total % of Time on Project:		100%

Sponsored Project:	
<i>List Major Work Performed</i>	<i>% of Time</i>
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	<i>% of Time</i>
Total % of Time on Project:	


Employee Signature


Approval Signature

4/9/2018
Date
4/9/18
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
- 3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	Louisiana Alliance For Life
List Major Work Performed	% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports	40%
Receptionist Duties - Answer phone and schedule appointments	30%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	30%

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	


Employee Signature


Approved Signature

4-9-18
Date

4-9-18
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

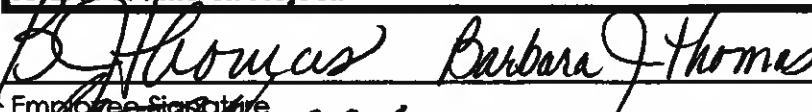
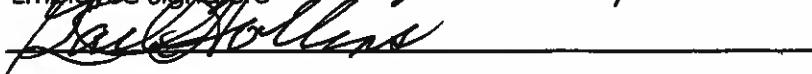
Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	15%
Supervise program operations for the Women's Help Center	20%
Counsel Women at the Women's Help Center (Emergency situations only)	.0%
Compliance: Oversee compliance for all subcontractors	20%
Compliance Visits & Training	0%

Worked close with Program Evaluator to implement evaluation plan	10%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	10%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%

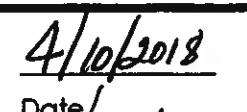
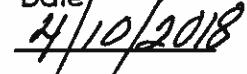
Total % of Time on Project:	90%
-----------------------------	-----

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	

Total % of Time on Project:	10%
-----------------------------	-----


Employee Signature


Approval Signature: Gail Hollins, FVRI Board Vice President


Date / 4/10/2018

Date / 4/10/2018

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS					WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMS & OTHER PAYMENTS			
***** 100 STAFF BI-WEEKLY								
Brown, Patricia A 35	LAL Hours							
Data Entry Specialist David, Allison	LAL Hours		1,041.66	1,041.66	Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 77.81 27.00	STD Post-Tax	36.72
Education Specialist David, Talisha	Fri LAL Hours		1,041.66	1,041.66	Social Security Medicare LA Income Tax	64.59 15.10 26.00	STD Post-Tax	36.72
Compliance Coordinator Ferris, Michael A	Fri LAL Hours		1,041.66	1,041.66	Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 26.00	STD Post-Tax	36.72
Project Administrator Thomas, Barbara J	EMPLOYEE TOTAL		1,458.33	1,458.33	Social Security Medicare Fed Income Tax LA Income Tax	90.41 21.15 33.13 32.00	STD Post-Tax	25.97
Project Administrator Walker, Shirley	EMPLOYEE TOTAL		1,458.34	1,458.34	Social Security Medicare Fed Income Tax LA Income Tax	90.42 21.15 101.38 48.00	STD Post-Tax	25.97
Project Administrator Walker, Shirley	EMPLOYEE TOTAL		2,083.34	2,083.34	Social Security Medicare Fed Income Tax LA Income Tax	128.17 30.21 155.83 68.00	STD Post-Tax	48.00
Client Svc. Coordinator 12	LAL Hours		1,041.66	1,041.66	Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 99.01 27.00	STD Post-Tax	48.00
100 STAFF BI-WEEKLY TOTALS 7 Person(s) 7 Transaction(s)	EMPLOYEE TOTAL		1,041.66	1,041.66	383.01	383.01	Net Pay	1,652.33
							Direct Deposit # 6804	
							Check Amt	0.00
							Chkg 0016	1,652.33
							Net Pay	1,652.33
							Direct Deposit # 6805	
							Check Amt	0.00
							Chkg 2191	822.84
							Net Pay	822.84
							Check Amt	0.00
							Dir Dep	6,800.08

EMPLOYEE NAME

PAYROLL JOURNAL

PAYROLL JOURNAL

EMPLOYEE NAME
ID

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS						DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS	WITHHOLDINGS		
100 STAFF BI-WEEKLY TOTAL			14.00	8,394.25				Net Pay 6,900.15
**** 300 1099 Isaac, LaTosha S (IC) 36	1099 Misc Comp 1099 Misc Comp							223.00
300 1099 TOTAL	EMPLOYEE TOTAL							
1 Person(s) 1 Transaction(s)	1099 Misc Comp							
300 1099 TOTAL				1,668.67				
COMPANY TOTALS 3 Person(s) 3 Transaction(s)	Fvi LAL Hours 1099 Misc Comp	14.00	1,206.73					1,371.10
COMPANY TOTAL			7,187.52					
				Social Security Medicare 1,668.67 Fed Income Tax LA Income Tax	520.43 121.71 495.98 223.00	Deduction STD Post-Tax	2610 223.00	Check Amt Dir Dep 0.00 8,446.72
			8,394.25					
				1,668.67	1,371.10		2610 Net Pay	1,646.57
TOTAL EMPLOYER LIABILITY	Social Security Medicare	520.44 121.71						8,446.72
TOTAL TAX LIABILITY		642.15						

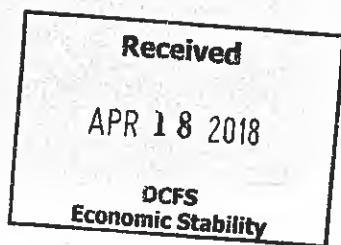
C) = Independent Contractor

[C] ■ **Independent Contractor**

Final Proof of Payment - 941 Tax Payment

Transactions Details

Posting Date	04/16/2018
Transaction Date	04/16/2018
Description	IRS
Transaction Type	Debit
Amount	\$3,562.53
Balance	



Fringe Benefits Payment 941 Tax Pmt

IMPORTANT REMINDERS

*** You are scheduled to report your next payroll on Wed 04/11/18.

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNNA LA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at www.eftps.gov at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	03/01/18 - 03/31/18	Employee Social Security	1,040.89
Amount Due:	\$3,562.53	Employee Medicare	243.42
Due Date:	04/16/18	Employer Social Security	1,040.88
Quarter	1	Employer Medicare	243.42
		Federal Withholding	993.92

4/10/18 (Post 4/14)
paid online
Date Paid: Federal ID: 72-1415039
Check Number: Last Check Date: 03/30/18

Louisiana State Withholding Tax

Please transfer the amount due for the specified deposit period to the appropriate withholding form and pay on or before the due date. If the due date falls on Saturday, Sunday, or a legal holiday, the deposit is due on the next banking day.

Deposit Period:	03/01/18 - 03/31/18	Total Earnings	50,499.99
Amount Due:	\$3,355.00	Reportable Amount	50,499.99
Due Date:	04/30/18	Withholding Tax	1,355.00
Date Paid:	State ID: 1750793001		
Check Number:	Last Check Date: 03/30/18		



0060-00607846-002-086-1653

IRS

0060-7846
FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403



0060-00607846-002-086-1653

Fringe Proof of Payment - 941 Tax Payment

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270850654455243
-----------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q1/2018
Payment Amount	\$3,562.53
Settlement Date	04/16/2018
Subcategories:	
1 Social Security	\$2,081.77
2 Medicare	\$486.84
3 Tax Withholding	\$993.92
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

**DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
Alternatives to Abortion**

CONTRACTOR: Family Values Resource
Institute, Inc.

CFMS: 2000234086

ADDRESS: 7515 Scenic Hwy.

Rep. Cat. 5071
Org. 4274

Baton Rouge, LA 70807

**MONTH AND YEAR OF
SERVICE:**

**MARCH
2018**

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

COST REIMBURSEMENT: Personnel Services

Staff:	Project Director	\$ 3,750.00
	Project Adm.	\$ 2,333.34
	Educ. Specialist	\$ 2,083.33
	Compliance Coordinator	\$ 2,041.67
	Data Entry Specialist	\$ 2,083.33
	Client Svcs. Coord./Care Provider	\$ 2,083.33
	Fringes	\$ 1,099.68
	SUBTOTAL	\$ 15,474.68

OTHER EXPENSES:

Rent	\$ 1,200.00
Utilities	\$ 0.00
Printing	\$ 0.00
Copier Lease	\$ 196.90
Travel	\$ 0.00
Postage	\$ 12.90
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 0.00
Telephone	\$ 250.00
Internet	\$ 75.00
Online Client Database	\$ 440.00
Accounting/Bookkeeping Services	\$ 2,609.72
Subcontractors	\$ 24,400.00
Public Relations Consultant	\$ 800.00
Evaluator	\$ 900.00
Auditor	\$ 0.00
Insurance	\$ 0.00
Maintenance	\$ 757.00
Electronic Payroll Transaction Fees	\$ 194.73
Equipment	\$ 0.00
SUBTOTAL	\$ 31,836.25

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

FOR DSS USE ONLY

INVOICE # _____

Reviewed and Approved:

DCFS Contract Services Representative Signature

Date

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 11 DD

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director

90%

Stub 1

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18

Check Date: 03/15/18 Check #: 6804

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1652.33	8235.03
NET PAY	1652.33	8235.03

Salary:

Stub 1 2083.34

Stub 2 2083.34

4166.68

X 90%

\$3,750.00

↑
grant
amt.

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri			208.34	
	LAL Hours			<u>1875.00</u>	
	Total Hours				
	Gross Earnings				
	Total Hrs Worked			2083.34	

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		129.17
	Medicare		30.21
	Fed Income Tax	M 1	155.63
	LA Income Tax	S 0 1	68.00
	TOTAL		<u>383.01</u>

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	48.00
	TOTAL	<u>48.00</u>

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 11 DD

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director

90%

Stub 2

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18
Check Date: 03/30/18 Check #: 6811

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1652.34	9887.37
NET PAY	1652.34	9887.37

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri			208.34	
	LAL Hours			1875.00	
	Total Hours				
	Gross Earnings				
	Total Hrs Worked			2083.34	

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		129.16
	Medicare		30.21
	Fed Income Tax	M 1	155.63
	LA Income Tax	S 0 1	68.00
	TOTAL		383.00

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	48.00
	TOTAL	48.00

NET PAY	THIS PERIOD (\$)
	1652.34

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 5 DD

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator

80%

Stub 1

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18
Check Date: 03/15/18 Check #: 6802

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	1197.39	5970.53
NET PAY	1197.39	5970.53

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri			291.67	
	LAL Hours			<u>1166.67</u>	
	Total Hours				
	Gross Earnings				1458.34
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		90.42
	Medicare		21.15
	Fed Income Tax	M 0	101.38
	LA Income Tax	S 0 0	48.00
	TOTAL		260.95

Salary :

Stub 1 1458.34

Stub 2 1458.34

2916.68

 x 80%

\$2,333.34

↑
grant
amt

Fringe :

2333.34

 x 7.05%

 \$178.50

grant
amt

1,458.34 +
1,458.34 +
2,916.68 x
80%
Total 5970.53 +

2,118.34 x
7.05%
Total 178.50 +

NET PAY	THIS PERIOD (\$)
	1197.39

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 5 DD

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator
80%

Stub 2

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18
Check Date: 03/30/18 Check #: 6809

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	1197.40	7167.93
NET PAY	1197.40	7167.93

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri			291.67	
	LAL Hours			<u>1166.67</u>	
	Total Hours				
	Gross Earnings				1458.34
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		90.41
	Medicare		21.15
	Fed Income Tax	M 0	101.38
	LA Income Tax	S 0 0	48.00
	TOTAL		260.94

NET PAY	THIS PERIOD (\$)
	1197.40

See Stub 1
for calculations

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator

70%

Stub 1

PERSONAL AND CHECK INFORMATION

Talisha Davis
3829 North Yosemite Drive
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18
Check Date: 03/15/18 Check #: 6801

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1152.35	5756.85
NET PAY	1152.35	5756.85

Salary

Stub 1 1458.33

Stub 2 1458.34

2916.67

X 70%

\$2041.67

grant
and

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri			437.50	
	LAL Hours			1020.83	
	Total Hours				
	Gross Earnings				1458.33
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		90.41
	Medicare		21.15
	Fed Income Tax M 2		63.13
	LA Income Tax M 0 2		32.00
	TOTAL		206.69

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	99.29
	TOTAL	99.29

Fringe:

2041.67

X 7.45%

\$156.19

Total salary 70%
2,916.67 +

1,458.33 +
1,458.34 +

2,916.67 x

2,916.67 x

7.45%
156.19 +

Total fringe
156.19 +

NET PAY	THIS PERIOD (\$)
	1152.35

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 4 DD

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator

70%

Stub 2

PERSONAL AND CHECK INFORMATION

Talisha Davis
3829 North Yosemite Drive
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18
Check Date: 03/30/18 Check #: 6808

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1152.35	6909.20
NET PAY	1152.35	6909.20

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fri			437.50	
	LAL Hours			<u>1020.84</u>	
	Total Hours				
	Gross Earnings				1458.34
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		90.42
	Medicare		21.15
	Fed Income Tax	M 2	63.13
	LA Income Tax	M 0 2	32.00
	TOTAL		206.70

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	99.29
	TOTAL	99.29

NET PAY	THIS PERIOD (\$)
	1152.35

See Stub 1
for calculations

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

100%

Stub 1

PERSONAL AND CHECK INFORMATION		EARNINGS																												
Allison Davis 17232 Jefferson Highway Apt # 417 Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37		<table><tr><td>Fvri</td><td></td><td></td><td></td><td></td></tr><tr><td>LAL Hours</td><td></td><td></td><td></td><td></td></tr><tr><td>Total Hours</td><td></td><td></td><td></td><td></td></tr><tr><td>Gross Earnings</td><td></td><td></td><td></td><td></td></tr><tr><td>Total Hrs Worked</td><td></td><td></td><td></td><td></td></tr></table>				Fvri					LAL Hours					Total Hours					Gross Earnings					Total Hrs Worked				
Fvri																														
LAL Hours																														
Total Hours																														
Gross Earnings																														
Total Hrs Worked																														
Home Department: 100 Staff Bi-weekly		<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																												
Pay Period: 03/01/18 to 03/15/18 Check Date: 03/15/18 Check #: 6800		<table><tr><td>Social Security</td><td></td><td></td><td></td><td></td></tr><tr><td>Medicare</td><td></td><td></td><td></td><td></td></tr><tr><td>LA Income Tax</td><td>S 2 1</td><td></td><td></td><td></td></tr></table>					Social Security					Medicare					LA Income Tax	S 2 1												
Social Security																														
Medicare																														
LA Income Tax	S 2 1																													
NET PAY ALLOCATIONS		<table><tr><td>TOTAL</td><td></td><td></td><td></td><td></td></tr></table>					TOTAL																							
TOTAL																														
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)																												
Check Amount	0.00	0.00																												
Chkg 3799	910.00	4554.03																												
NET PAY	910.00	4554.03																												
<u>Salary :</u>		<u>Fringe :</u>																												
Stub 1 1041.66		2083.33																												
Stub 2 1041.67		X 7.65%																												
\$ 2083.33		<u>\$ 159.37</u>																												
<u>Grant amt</u>		<u>Grant amt</u>																												
NET PAY		THIS PERIOD (\$)																												
		910.00																												

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18
Check Date: 03/30/18 Check #: 6807

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.02	5464.05
NET PAY	910.02	5464.05

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
----------	-------------	-----------	------	------------------	-----------

Fvri				
LAL Hours				<u>1041.67</u>
Total Hours				
Gross Earnings				
Total Hrs Worked				1041.67

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
--------------	-------------	---------------	------------------

Social Security			64.58
Medicare			15.10
LA Income Tax	S 2 1		26.00

TOTAL			<u>105.68</u>
--------------	--	--	---------------

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
------------	-------------	------------------

STD Post-Tax		25.97
--------------	--	-------

TOTAL		<u>25.97</u>
--------------	--	--------------

See stub 1
for calculations

NET PAY	THIS PERIOD (\$)
	910.02

Payroll by Paycheck, Inc.

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 35 DD .

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 1

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18
Check Date: 03/15/18 Check #: 6799

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.44	4086.91
NET PAY	820.44	4086.91

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri				
	LAL Hours			1041.66	
	Total Hours				
	Gross Earnings				
	Total Hrs Worked			1041.66	

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		64.59
	Medicare		15.10
	Fed Income Tax S 1		77.81
	LA Income Tax S 0 1		27.00
	TOTAL		184.50

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	36.72
	TOTAL	36.72

Salary

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

grant amt

Fringe

2083.33

x 7.05%

\$ 159.37

grant
amt

Salary

1,041.66 +
1,041.67 +

2,073.33 x
7.05 %

159.37 +

Fringe

NET PAY	THIS PERIOD (\$)
	820.44

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18
Check Date: 03/30/18 Check #: 6806

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.46	4907.37
NET PAY	820.46	4907.37

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri				
	LAL Hours			1041.67	
	Total Hours				
	Gross Earnings			1041.67	
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		64.58
	Medicare		15.10
	Fed Income Tax S 1		77.81
	LA Income Tax S 0 1		27.00
	TOTAL		184.49

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	36.72
	TOTAL	36.72

NET PAY	THIS PERIOD (\$)
	820.46

See Stub 1
for calculations

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services Coord.

100%

Stub 1

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18
Check Date: 03/15/18 Check #: 6805

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.94	4099.41
NET PAY	822.94	4099.41

Salary :

Stub 1 1041.66

Stub 2 1041.67

~~\$2083.33~~

~~grant
amt~~

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	LAL Hours			1041.66	
	Total Hours				
	Gross Earnings			1041.66	
	Total Hrs Worked				
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)	
	Social Security			64.59	
	Medicare			15.10	
	Fed Income Tax	S 1 +\$21.20		99.01	
	LA Income Tax	S 0 1		27.00	
	TOTAL			205.70	
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)	
	STD Post-Tax			13.02	
	TOTAL			13.02	
NET PAY				THIS PERIOD (\$)	
				822.94	

Fringe

2083.33

$\times 7.65\%$

$\$159.37$

~~grant
amt~~

~~1041.66~~

$1,041.66 +$

$1,041.67 +$

$2,083.33 \times$

7.65%

$159.37 +$

Salary

Fringe

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services Coord.

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18
Check Date: 03/30/18 Check #: 6812

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.96	4922.37
NET PAY	822.96	4922.37

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	LAL Hours			1041.67	
	Total Hours				
	Gross Earnings			1041.67	
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		64.58
	Medicare		15.10
	Fed Income Tax	S 1 +\$21.20	99.01
	LA Income Tax	S 0 1	27.00
	TOTAL		205.69

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	13.02
	TOTAL	13.02

NET PAY	THIS PERIOD (\$)
	822.96

Bent



FAMILY VALUES RESOURCE INSTITUTE, INC.

INVOICE

INVOICE #: 201803

P.O. Box 74403
Baton Rouge, LA 70874
225-355-2725 Office 225-355-2742 Fax
www.FVRI.org

INVOICE DATE: 3/1/2018

Billed To: Louisiana Alliance For Life



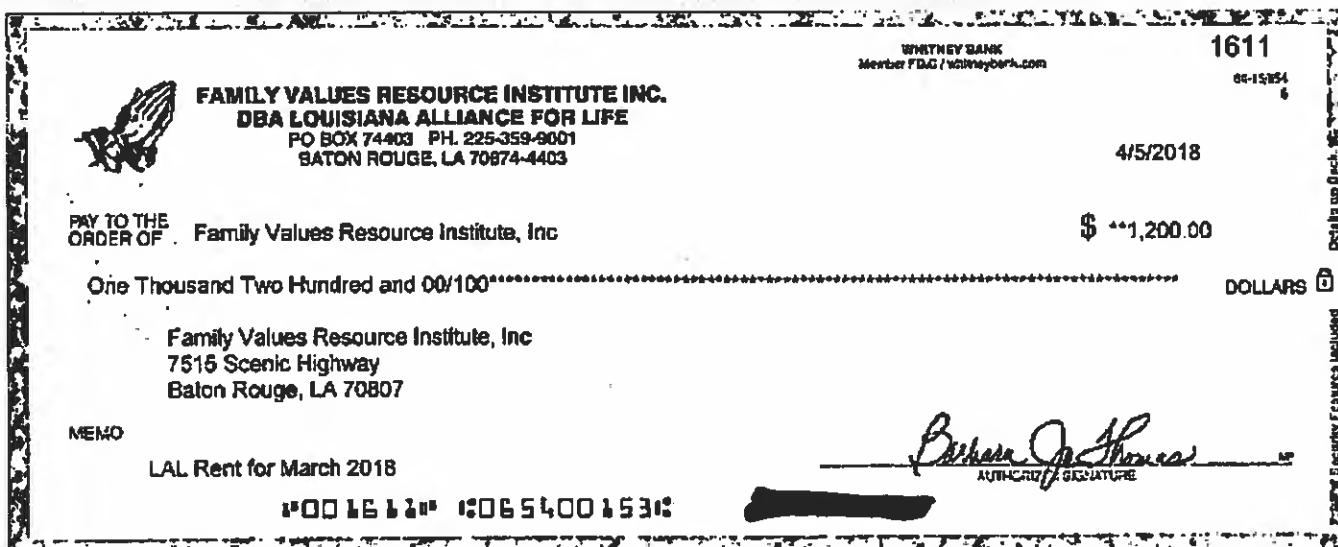
Rent

Transactions Details

Posting Date	04/06/2018
Transaction Date	04/06/2018
Description	DDA CHECK 0000001611
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back

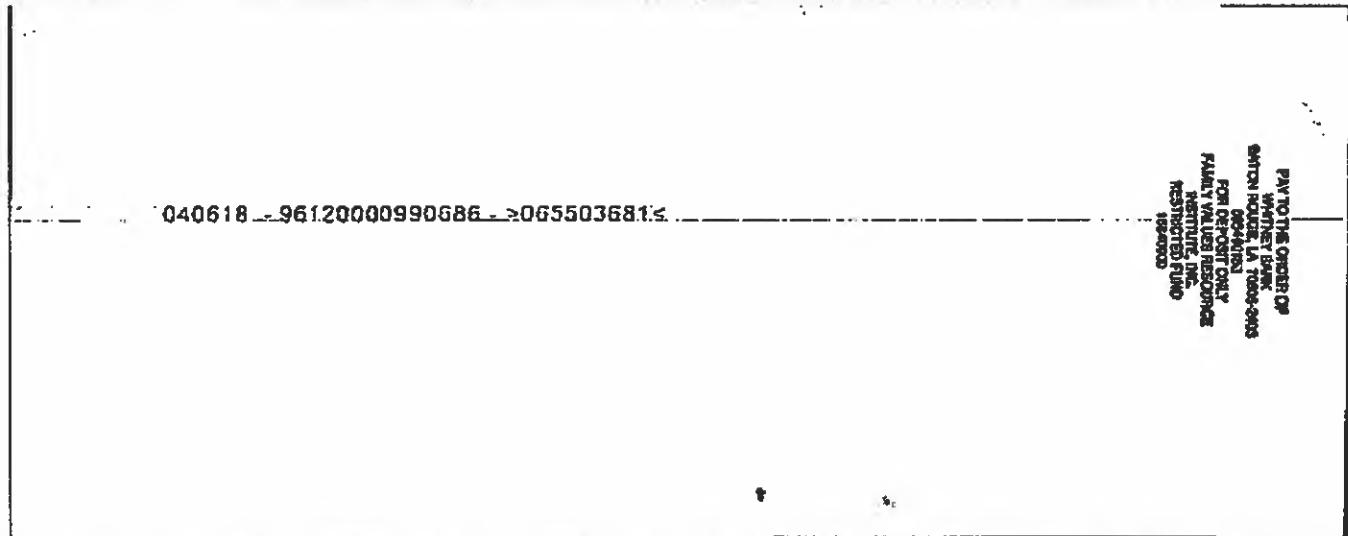


Rent

Transactions Details

Posting Date	04/06/2018
Transaction Date	04/06/2018
Description	DDA CHECK 0000001611
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front	Back
-------	------



Postage

\$12.90

=====
ISTRUMA
5200 LONGFELLOW DR
BATON ROUGE
LA
70805-2711
2106300966
03/15/2018 (800)275-8777 3:43 PM
=====

=====
Product Sale Final
Description Qty Price
=====
PM 1-Day 1 \$6.70
(Domestic)
(BATON ROUGE, LA 70804)
(Weight:1 Lb 00.00 Oz)
(Expected Delivery Date)
(Friday 03/16/2018)
Certified 1 \$3.45
(USPS Certified Mail #)
(7017145000032253075)
Return 1 \$2.75
Receipt
(USPS Return Receipt #)
(9590940216096053111953)

Total \$12.90

Debit Card Remit'd \$12.90
(Card Name:VISA)
(Account #:XXXXXXXXXXXX9477)
(Approval #:)
(Transaction #:275)
(Receipt #:007857)
(Debit Card Purchase:\$12.90)
(Cash Back:\$0.00)
(Entry Mode:Chip)
(AID:A0000000980840)
(Application Label:US DEBIT)
(PIN:Verified by PIN)
(Cryptogram:1C4152E4A3DBA10B)
(ARC:00)
(CVR:420000)
(IAD:06010A03602000)
(TSI:6800)
(TVR:8000048000)

Includes up to \$50 insurance

+ 12.90

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



financial solutions
partner

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number:
58391409
Invoice Number:
1053937
Site Number:
3849724



3849724

Period of Performance:
03/01/2018-03/31/2018
Due This Period:
\$218.98

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

*Please review your equipment location(s) for tax purposes.

IMPORTANT MESSAGES

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PV0100010	KOMM1	2511981_1					\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE LA 70807-5447 United States

Asset Amount Total:

\$196.90

*Paid 3-23-18
CK# 1062 (Curran's Bank)
2/18/18*

Copier Lease \$196.90

FAMILY VALUES RESOURCE INSTITUTE INC
PO BOX 74403
BATON ROUGE, LA 70874
(225) 359-9001

1062

34498652
01DATE 3-23-18

PAY TO THE ORDER OF DE LAGE LANDEN FINANCIAL SERVICES \$ 218.98

Two Hundred Eighteen & 98/100

DOLLARS



Guaranty Bank
AND TRUST COMPANY

FOR INVOICE # 58391409

Lorraine J. Thomas

#001062# 0065204980# [REDACTED]

20180328
>031000051<
PNC Bank
DEP. TO CR. PAYEE
ABN. OF END. CTD.
>031000051<

20180328
022867

20180328	022867
>031000051<	20180328
PNC Bank	
DEP. TO CR. PAYEE	
ABN. OF END. CTD.	
>031000051<	

MONTHLY SERVICES Mar 5 - Apr 4	
TV	
Digital Adapter	\$1.99
Cox Business TV Starter (qty 2)	20.00
Business TV Essential (qty 2)	38.00
Cox Business Advanced TV	4.00
Business TV DVR/HD Advanced Receiver	8.50
Other Fees and Surcharges	
Regional Sports Surcharge	\$3.50
Broadcast Surcharge	4.00
Total TV	\$79.99
INTERNET	
CBI 100 - 100 Mbps x 20 Mbps	
Total Internet	\$115.00
TELEPHONE	
225-355-2725	
VoiceManager Flat Rated Local Line	
Network Interface Fee - Multi-Line	
Cox Business Unlimited	
Business VoiceManager Group Hunting	
Individual Voice Mailbox	
VoiceManager Office Package	
225-355-2333	
VoiceManager Flat Rated Local Line	
Network Interface Fee - Multi-Line	
Cox Business Unlimited	
DIRECTORY LISTING-NON PUBLISHED	
VoiceManager Office Package	
25000	
VoiceManager Flat Rated Local Line	
Network Interface Fee - Multi-Line	
Cox Business Unlimited	
DIRECTORY LISTING-NON PUBLISHED	
VoiceManager Office Package	

Monthly Services cont.

225-356-1101	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	10.00
225-357-6822	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-357-6880	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-359-9001	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-355-2742	
VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

Monthly Services cont.

VoiceManager Utility Line	0.00
Total Telephone	\$264.75

COX TOLL FREE

855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
Total Cox Toll Free	\$5.00

TOTAL MONTHLY SERVICES	\$464.74
-------------------------------	-----------------

USAGE CHARGES

Telephone Usage	
Usage for 225-355-2333	
Intrastate Long Distance	\$0.00
Usage for 225-356-1101	
Intrastate Long Distance (qty 2)	0.00
Usage for 225-357-6822	
Intrastate Long Distance (qty 2)	0.00
Interstate Cox LD - CB	0.00
Usage for 225-357-6880	
Intrastate Long Distance (qty 2)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 4)	0.00
Interstate Cox LD - CB (qty 9)	0.00
Total Telephone Usage	\$0.00

Toll Free Usage

Usage for 855-696-2333	
Intrastate Toll Free - CB	\$0.01
Total Toll Free Usage	\$0.01

TOTAL USAGE CHARGES

TAXES, FEES AND SURCHARGES

TV Taxes and Fees	
FCC Fee	\$0.08
Franchise Fee	4.38
PEG Access Fee	0.46
Total TV Taxes and Fees	\$4.92

Telephone Taxes, Fees and Surcharges

Taxes	
E-911 Tax (Commercial)	\$10.50
Interstate Telecomm Services	0.16
Federal Excise Tax	7.56
State Sales Tax	10.72
Total Taxes	\$28.94

Fees and Surcharges

Access Recovery Fee - Multi-Line	\$10.00
Telecommunications Tax for the Deaf	0.28
Carrier Cost Recovery Fee	0.67
Federal Universal Service Fund	19.40
Public Utility Excise Tax	11.99
Louisiana Universal Service Fund	4.88
Total Fees and Surcharges	\$47.22

Taxes, Fees and Surcharges cont.

Total Telephone Taxes, Fees and Surcharges	\$76.16
---	----------------

TOTAL TAXES, FEES AND SURCHARGES	\$81.08
---	----------------

TOTAL NEW CHARGES	\$545.83
--------------------------	-----------------

TELEPHONE USAGE DETAILS for 225-355-2333

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Feb 7	12:05P NEWORLEA,LA	504-210-5728	:42	DD/D	0.0000
	Total Intrastate Long Distance		:42		\$0.00

TELEPHONE USAGE DETAILS for 225-356-1101

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Feb 6	11:38A NEWORLEA,LA	504-277-6831	7:54	DD/D	0.0000
Feb 8	08:47A LAFAYETTE,LA	337-233-3368	1:18	DD/D	0.0000
	Total Intrastate Long Distance		9:12		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6822

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Feb 22	12:20P NEWORLEA,LA	504-301-3274	:36	DD/D	0.0000
Feb 27	10:26A NEWORLEA,LA	504-301-3274	:24	DD/D	0.0000
	Total Intrastate Long Distance		1:00		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Feb 20	01:58P FOREST,IL	708-834-3639	:24	DD/D	0.0000
	Total Interstate Long Distance		:24		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6880

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Feb 22	09:47A NEWORLEA,LA	504-301-3274	2:30	DD/D	0.0000
Feb 26	12:45P NEWORLEA,LA	504-301-3274	:36	DD/D	0.0000
	Total Intrastate Long Distance		3:06		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Feb 14	11:48A NEWORLEA,LA	504-729-7567	:42	DD/D	0.0000
Feb 19	02:38P LAFAYETTE,LA	337-257-1894	17:42	DD/D	0.0000
Feb 27	03:22P OPELOUSAS,LA	337-290-9595	1:06	DD/D	0.0000



March 05, 2018 Bill for FAMILY VALUES RESOURCE
INSTITUTE
 Account number 001 5711 071045903
 Page 4 of 4

Telephone Usage Details cont.

03:27P	OPELOUSAS,LA	337-290-9595	9:18	DD/D	0.0000
--------	--------------	--------------	------	------	--------

Total Intrastate Long Distance		28:48	\$0.00
---------------------------------------	--	-------	---------------

Interstate Long Distance

Time	Place	Number	Min:	Rate/	Amt
			Sec	Time	
Feb 7					
11:46A	MEMPHIS ,TN	901-440-5446	:06	DD/D	0.0000
Feb 14					
01:36P	SANANTONI,TX	210-398-0403	:06	DD/D	0.0000
Feb 19					
12:46P	ATLANTA N ,GA	770-638-3444	1:54	DD/D	0.0000
02:02P	SANANTONI,TX	210-398-0403	1:06	DD/D	0.0000
03:10P	PLATTEVL ,WI	608-331-7097	:42	DD/D	0.0000
Feb 27					
01:12P	HOUSTON ,TX	832-294-4313	5:06	DD/D	0.0000
Feb 28					
11:40A	TUCSON ,AZ	520-232-2121	18:42	DD/D	0.0000
Mar 1					
11:11A	OCSD OCSD,CA	442-615-7221	3:12	DD/D	0.0000
	GRANDPRA ,TX	214-998-9203	1:36	DD/D	0.0000
Total Interstate Long Distance		32:30	\$0.00		

TELEPHONE USAGE DETAILS for 855-696-2333**Intrastate Toll Free**

Time	Place	From Number	Min:	Rate/	Amt
			Sec	Time	
Feb 5					
11:18A	BATONROUGE,LA	225-241-4264	:06	DD/D	0.0050
Total Intrastate Toll Free			:06		\$0.01

Rate Codes

DD = Direct Dial

Time Codes

D = Day

NEWS FROM COX

ANNUAL NOTICE OF PREFERRED CARRIER FREEZE OPTION: In accordance with LPSC regulations, this is to notify you that upon request, Cox can place a Preferred Carrier (PC) Freeze on your account to prevent your Long Distance provider from being changed without your consent. The freeze is offered at no charge and will remain in place until we receive express verbal or written consent to remove. Please call Customer Care at the number on this bill statement if you wish to add a PC Freeze.

CUSTOMER INFORMATION**Billing, Payment Policies and Fees:**

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid,

Customer Information cont.

you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available. Please review the following website for additional important information about Cox's 911 practices: <https://www.cox.com/business/phone/e911-regulatory.html>.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

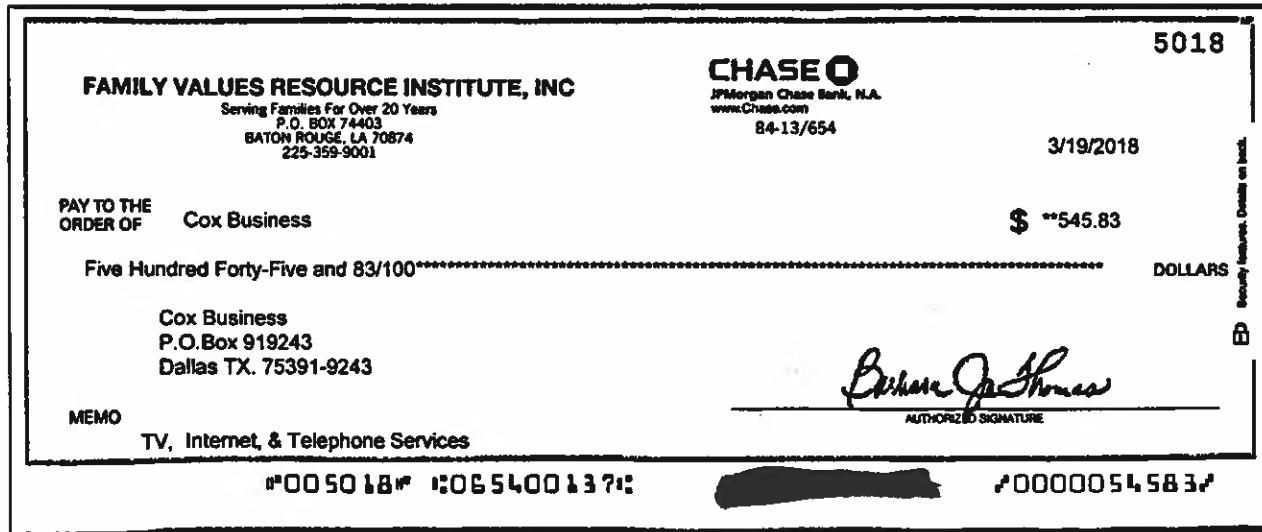
If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

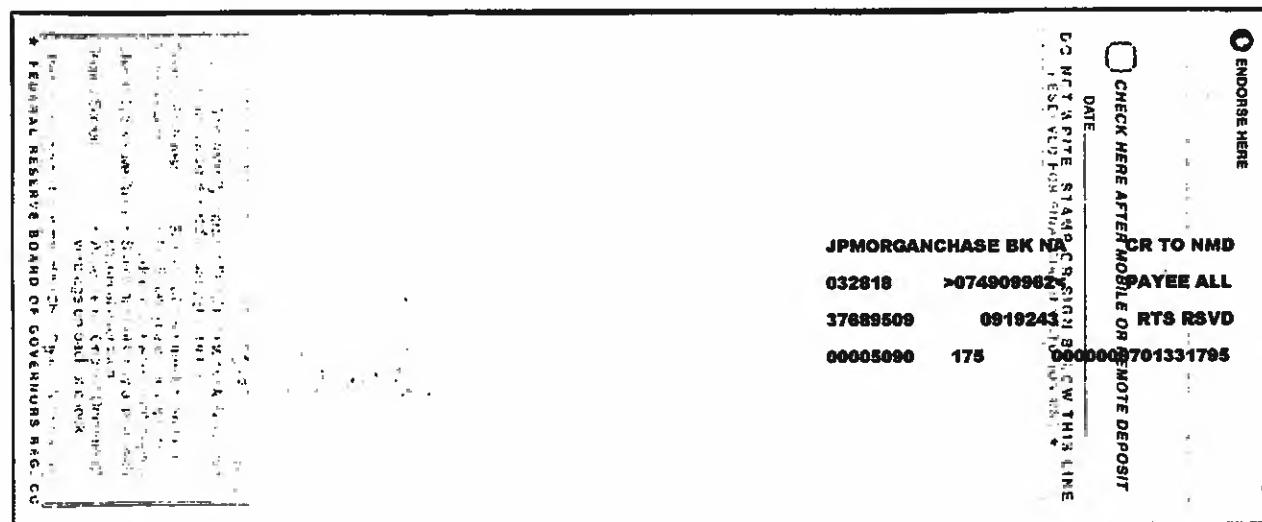
Check

Telephone \$250⁰⁰ Internet \$75⁰⁰

Front



Back



Post date
Mar 28, 2018

Check #
5018

Check amount
\$545.83

©2018 JPMorgan Chase & Co.

Equal Opportunity Lender

Online Client Database



234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
3/31/2018	MB-18571

BILL TO

Louisiana Alliance for Life
Crossroads Pregnancy Resource Center
105 Saint Louis Street
Thibodaux, LA 70301

Online Cheat Data Base

Crossroads	—	75.00	+
Cent 4	—	53.00	+
Woman's City (Laf)		51.00	+
Women's New Life (BB)		57.00	+
Pregnancy Problems		32.10	+
Life Ch 102 North		75.00	+
Family Values		97.00	+
		147.00	*

Client Data Base
+ 75.00

	Total	\$75.00
	Payments/Credits	\$0.00
	Balance Due	\$75.00
Phone #	E-mail	
888-746-6753	mike@waycoolsw.com	

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18571

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paid April 11, 2018

Checking ••••1380
Payment method

Transaction IDa0hywfcq

Online Client Database → INV # MB-18571

 Hancock WHITNEY

Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$75.00
Balance	

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
3/31/2018	MB-18538

BILL TO

Louisiana Alliance for Life
Cenla Pregnancy Center
PO Box 13907
Alexandria, LA 71315

X 50.00

DUE DATE

4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
				Total \$50.00
				Payments/Credits \$0.00
				Balance Due \$50.00

Phone #

888-746-6753

E-mail

mike@waycoolsw.com

Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18538

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method Checking ••••1380

Transaction ID a0hywec0

Online Client Database > Inv # MB-18538



Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
3/31/2018	MB-18824

BILL TO

Louisiana Alliance for Life
Women's Center of Lafayette
1331 Jefferson Avenue
Lafayette, LA 70501

X 50,00

DUE DATE
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

	Total	\$50.00
--	--------------	---------

	Payments/Credits	\$0.00
--	-------------------------	--------

Phone #	E-mail	Balance Due	\$50.00
888-746-6753	mike@waycoolsw.com		

Online Client Database

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18824

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method Checking ••••1380

Transaction ID a0hywcd6

Online Client Database > INV# MB-18824

 Hancock WHITNEY

Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
3/31/2018	MB-18822

BILL TO

Louisiana Alliance for Life
Woman's New Life Center-Baton Rouge
760 Colonial Dr
Baton Rouge, LA 70806

50.00

DUE DATE

4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
				Total \$50.00
				Payments/Credits \$0.00
				Balance Due \$50.00

Phone #

888-746-6753

E-mail

mike@waycoolsw.com

Online Client Database

Page 1 of 1

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18822

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method Checking ••••1380

Transaction ID a0hywaxf

Online Client Database - INV# MB-18822



Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWAR 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
3/31/2018	MB-18741

BILL TO

Louisiana Alliance for Life
Pregnancy Problem Center
4724 Jamestown Avenue
Baton Rouge, LA 70808

\$50.00

DUE DATE
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT	
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00	
		Total			
		\$50.00			
		Payments/Credits			
		\$0.00			
		Balance Due			
		\$50.00			

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Online Client Database

Page 1 of 1

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18741

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method Checking ••••1380

Transaction ID a0hyw9ik



Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWAR 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	



234 Mountain Forest Trail
Calera, AL 35040

Online Client Database

Invoice

DATE	INVOICE #
3/31/2018	MB-18652

BILL TO
Louisiana Alliance for Life Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270

X 75,00

DUE DATE
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00

	Total	\$75.00
--	--------------	----------------

	Payments/Credits	\$0.00
--	-------------------------	---------------

Phone #	E-mail	Balance Due	\$75.00
888-746-6753	mike@waycoolsw.com		

Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18652

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method Checking ••••1380

Transaction ID a0hywdfv

Online Client Database - INV# MB-18632

 Hancock WHITNEY

Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWAR 041218
Transaction Type	Debit
T/C	0036
Amount	\$75.00
Balance	

Online Client Database

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
3/31/2018	MB-18586

BILL TO

Louisiana Alliance for Life
Family Values Resource Institute, Inc.
Post Office Box 74403
Baton Rouge, LA 70874

+ 90.00

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
CoolFocus Text S...	CoolFocus Text Service		15.00	15.00
Total				\$90.00

Phone #

E-mail

mike@waycoolsw.com

Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18586

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method Checking ••••1380

Transaction ID a0hyw7un

Online Client Database - Inv # MB-18586



Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$90.00
Balance	



NOTICE OF AUTOMATIC PAYMENT

Paychex of New York LLC
4324 South Sherwood Forest Blvd Suite 125
Baton Rouge LA 70816

Client #: 0060 0060-T846
Invoice #: 2018032900

AUTOMATIC PAYMENT \$204.72

ADDRESS SERVICE REQUESTED

0060 0060-T846
Family Values Resource Institute Inc
Institute Inc
Po Box 74403
Baton Rouge, Louisiana 70874-4403

This amount will be deducted from the
following bank account at or after 12:01 A.M.
on 4/10/18.

XXXX0000

Electronic Payroll Transaction Fees \$194.73

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY

Previous Balance on Invoice#2018030100 Due 03/12/18
Payment Received - Thank You
Balance Forward

X 194.73

Total New Charges

204.72

Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)

204.72

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
03/15/18	Payroll/Taxpay® Direct Deposit	03/12/18	15	95.36
			9	21.55
03/30/18	Payroll/Taxpay® Direct Deposit	03/27/18	8	66.26
			9	21.55
Total New Charges				
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

*****PRICE INCREASE NOTIFICATION*****

Your May Paychex invoice may include a nominal price increase. The specific amount depends on your combination of services. Please feel free to contact your Client Service Representative with any questions. We appreciate the opportunity to serve your business.

Thank you for choosing Paychex.

Electronic Payroll Transaction Fees \$194.73

Transactions Details

Posting Date	04/10/2018
Transaction Date	04/10/2018
Description	INVOICE PAYCHEX EIB 041018
Transaction Type	Debit
T/C	0036
Amount	\$204.72
Balance	[REDACTED]

Maintenance - Janitorial

Willing Mind Janitorial Service, LLC.
P. O. Box 1773
Prairieville, LA 70769
(225) 677-9839
wmjanitorial@yahoo.com



INVOICE

BILL TO

Barbara J. Thomas
Family values Resource
Institute, Inc.
7515 Scenic Highway
Baton Rouge, La. 70807

INVOICE # 2567**DATE** 04/05/2018**DUE DATE** 04/05/2018**TERMS** Due on receipt**ACTIVITY**

Services
Janitorial Service - March

AMOUNT

757.00

BALANCE DUE**\$757.00***+ 757.00**Maintenance
Office Cleaning*

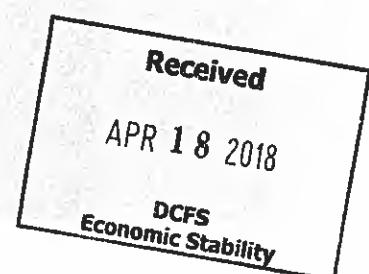
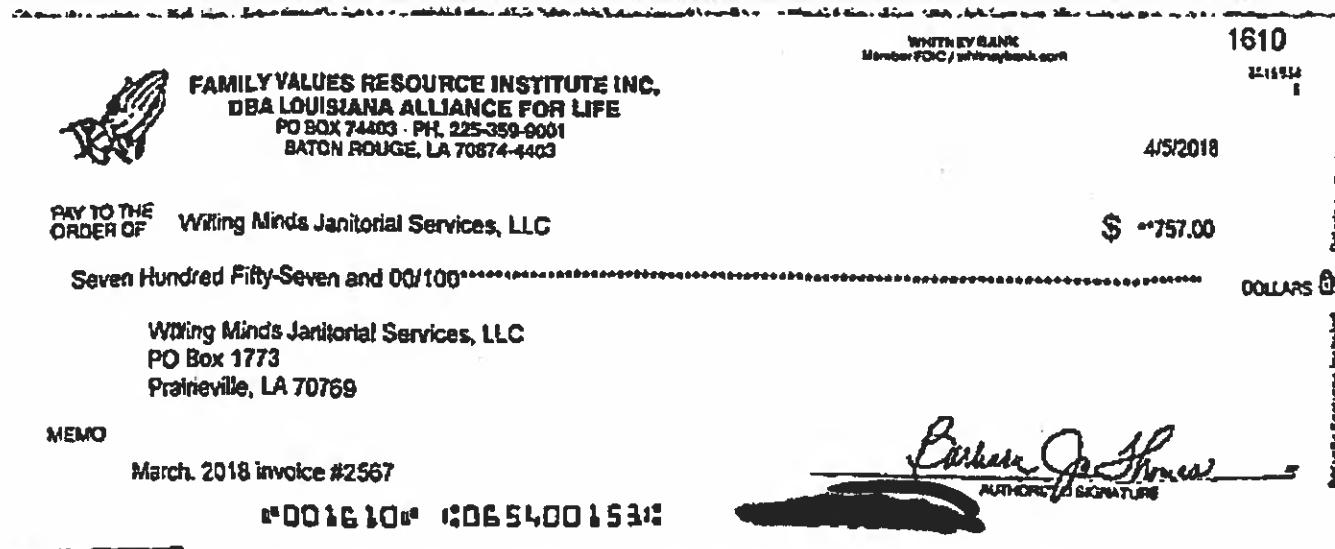
Maintenance - Janitorial



Transactions Details

Posting Date	04/09/2018
Transaction Date	04/09/2018
Description	DDA CHECK 0000001610
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front Back



Maintenance - Janitorial



Transactions Details

Posting Date	04/09/2018
Transaction Date	04/09/2018
Description	DDA CHECK 0000001610
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front Back

>021407912<
CAPITAL ONE, NA
0013620932 04092018
RICHMOND, VA 279 21
RJDC Deposit 2081557678

Deposit slip

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Invoice

Date	Invoice #
4/1/2018	82

Bill To
FVRI
7515 Scenic Highway
Baton Rouge, LA 70807

Total Professional Services

Evaluator — 9 11-10 +
 Public Relations 8 11-10 +
 Bookkeeping staff 1,304-36, 2/16-3/16
 Bookkeeping staff 1,304-86, 2/16-3/16
 4,309-72 *

Project

Quantity	Description
	<p>Evaluation Activities for March 2018</p> <ul style="list-style-type: none"> •Requested data from subcontractors and reminded them of the commitment to the Nu-Step program. •Reminded subcontractors to complete the client service form. •Responded to subcontractors' emails. •Responded to subcontractors' telephone calls. •Checked for subcontractors' data on database. •Checked for subcontractors, whose data was not on the Nu-Step database, and sent them a copy of the Commit to Full-Term Pregnancy, report. •Entered data on TANF database. •Called Barbara Thomas that data had been entered on TANF database. •Emailed and called Michael Ferris that data was complete. •Sent email to Barbara and Michael re year-to-date performance and suggestions for corrective actions.

Total \$900.00

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

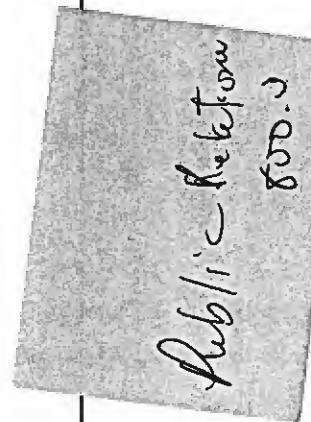
Invoice

Date	Invoice #
4/1/2018	83

Bill To

FVRI
7515 Scenic Highway
Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for February 2018: * Scheduled several appointments with Ashley and Michael of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to emails	800.00	800.00
			

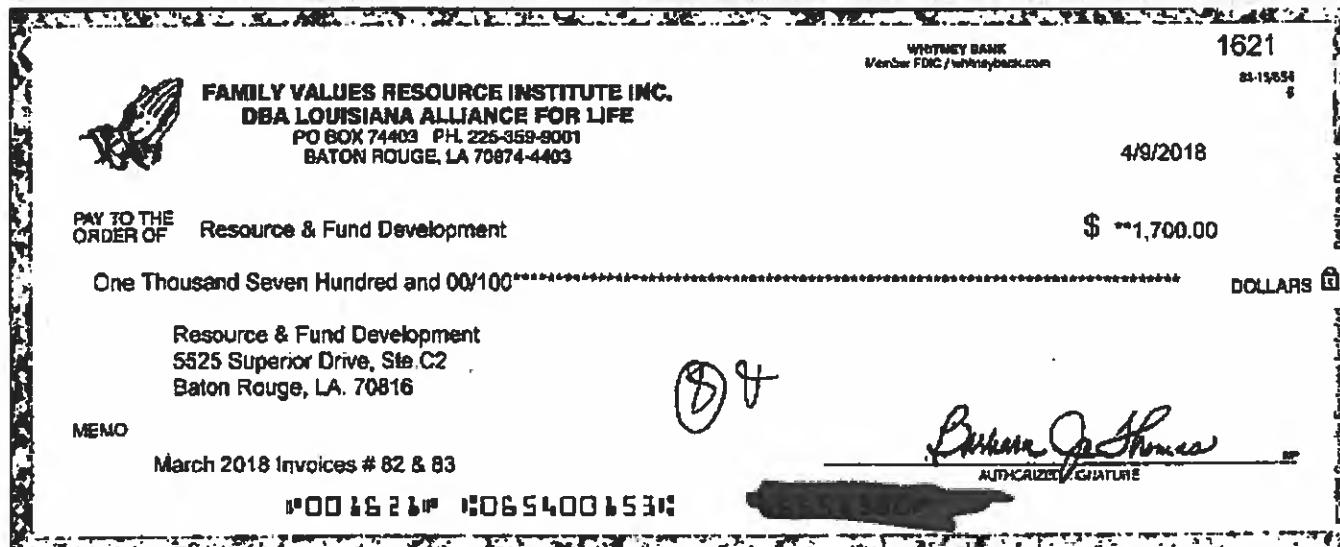
Evaluator \$900.00 Public Relations \$800.00



Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	DDA CHECK 0000001621
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front Back



Evaluator \$900.00

Public Relations \$800.00



WHITNEY

Transactions Details

Posting Date	04/12/2018
--------------	------------

Transaction Date	04/12/2018
------------------	------------

Description	DDA CHECK 0000001621
-------------	----------------------

Transaction Type	Debit
------------------	-------

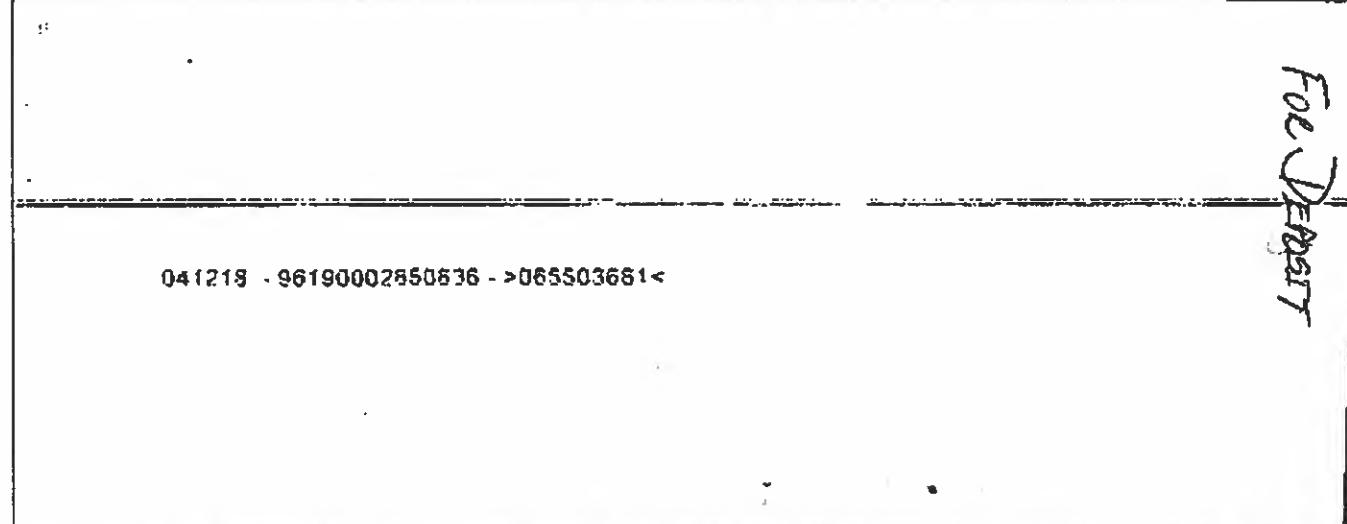
T/C	0075
-----	------

Amount	\$1,700.00
--------	------------

Balance	
---------	--

A grayscale image of a check, showing the front side with the recipient's name and the amount.

Front



Accounting / Bookkeeping \$1304.86

Latosha Isaac

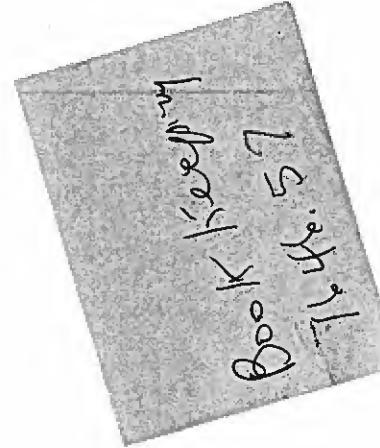
1175 Lakemont Dr.
Baton Rouge, LA
70816

Invoice

Date	Invoice #
3/15/2018	41

Bill To

Louisiana Alliance For Life
Family Values Resource Institute, Inc
7515 Scenic Highway
Baton Rouge, LA 70807



Description	Amount
Bookkeeping Services Mar 1 - Mar 15	1,646.57
<i>deserves the of service provided</i>	
Total	\$1,646.57

Accounting/Bookkeeping \$1324.82

Transactions Details

Posting Date	03/14/2018
Transaction Date	03/14/2018
Description	PAYROLL PAYCHEX INC. 031418
Transaction Type	Debit
T/C	0036
Amount	\$18,246.57
Balance	

Accounting / Bookkeeping \$1304.84

Latosha Isaac

1175 Lakemont Dr.
Baton Rouge, LA
70816

Invoice

Date	Invoice #
3/30/2018	42

Bill To
Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services Mar 16 ~ Mar 30	1,646.57
Total	\$1,646.57

Accounting / Bookkeeping \$1304.86**Transactions Details**

Posting Date	03/29/2018
Transaction Date	03/29/2018
Description	PAYROLL PAYCHEX INC. 032918
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Subcontractor Payments



Transactions Details

Posting Date	04/11/2018
Transaction Date	04/11/2018
Description	PAYROLL PAYCHEX INC. 041118
Transaction Type	Debit
T/C	0036
Amount	\$24,400.00
Balance	

Subcontractor Payments

0000 0000-0000 Family Values Resource Institute Inc

PAYROLL JOURNAL

(Prior to Processing)

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAY				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS			
**** 300 1099 Centa Pregnancy...!(C) 38	1099 Misc Comp			3,300.00			Direct Deposit # Unknown Check Amt 0.00 Chkg 1255 3,300.00
Crossroads Preg...!(C) 20	EMPLOYEE TOTAL			3,300.00			Net Pay 3,300.00
Life Choices of...!(C) 23	1099 Misc Comp			2,300.00			Direct Deposit # Unknown Check Amt 0.00 Chkg 1232 2,300.00
Pregnancy Probl...!(C) 22	EMPLOYEE TOTAL			4,300.00			Net Pay 2,300.00
Womens Center o...!(C) 27	1099 Misc Comp			2,300.00			Direct Deposit # Unknown Check Amt 0.00 Chkg 2289 2,300.00
Womens Help Center !(C) 28	EMPLOYEE TOTAL			4,300.00			Net Pay 2,300.00
Womens New Life...!(C) 24	1099 Misc Comp 1099 Misc Comp			3,300.00			Direct Deposit # Unknown Check Amt 0.00 Chkg 9749 4,300.00
300 1099 TOTALS 7 Person(s) 7 Transaction(s)	EMPLOYEE TOTAL			2,300.00 2,300.00			Net Pay 4,300.00
COMPANY TOTALS 7 Person(s) 7 Transaction(s)	1099 Misc Comp			4,600.00			Check Amt 0.00 Dir Ded 24,400.00 Net Pay 24,400.00
	300 1099 TOTAL			24,400.00			Check Amt 0.00 Dir Ded 24,400.00
				24,400.00			

PAYROLL JOURNAL

(Prior to Processing)

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS

WITHHOLDINGS

DEDUCTIONS

NET PAY ALLOCATIONS

DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS
COMPANY TOTAL				24,400.00

Net Pay 24,400.00

(IC) = Independent Contractor

LOUISIANA

Alliance for Life Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
CENLA Pregnancy Center Claire Lemoine 318-314-3064 (o) 318-305-7301 (c)	4/2/18	164	\$3,300.00
Crossroads Pregnancy Resource Center Michele Beary 985-446-5004 (o) 985-859-9907 (c)	4/6/18	54	\$2,300.00
Life Choices of North Central Louisiana Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	4/4/18	503	\$4,300.00
Pregnancy Problem Center Frances Coleman 225-924-1400 (o)	3/31/18	127	\$2,300.00
Woman's New Life Center – Baton Rouge Allison Millet 225-218-4862 (o) 504-301-7573 (c)	4/6/18	9	\$2,300.00
Woman's New Life Center – Metairie Allison Millet 504-469-0212 (o) 504-301-7573 (c)	4/6/18	7	\$2,300.00
Women's Center of Lafayette Michela Camel 337-289-9366 (o)	4/1/18	404	\$4,300.00
Women's Help Center Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	4/5/18	229.5	\$3,300.00
>>MARCH 2018>>	TOTAL Dollar Amount >>>>		\$24,400.00

Louisiana



Alliance for Life

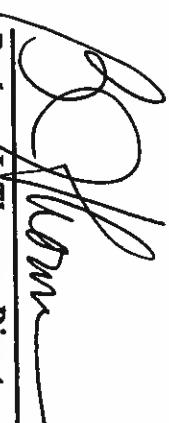
Monthly Report Approval

Month: MARCH 2018

Service/Contractor	CENLA Pregnancy Center	Points	Dollar Amount
Client Service Points / Amount		164	\$3,300.00
Client Service Reports/documentation		YES	
TOTAL Dollar Amount Paid	>>>>		\$3,300.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

PROGRAM NAME - Client Services	PROGRAM NAME - Louisiana Alliance for Life
CONTACT NAME - Gina Lampe	CONTACT NAME - Gina Lampe
PHONE NUMBER - 504-520-2057	PHONE NUMBER - 504-520-2057

Please submit supporting client services documentation which includes relevant LAI Client Services Records, Case Information Forms, and LAI Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (1 point)	
Pregnancy Testing	11
New clients who took a pregnancy test and commit to full-term pregnancy	11
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education <i>counseling or informational sessions</i>	11
Male-Adoption Education	4
Abortion Prevention Education <i>counseling or informational sessions</i>	11
Male-Abortion Prevention Edu.	5
Abstinence Education <i>counseling or informational sessions</i>	4
Male-Abstinence Education	3
Parenting Information <i>counseling or informational sessions</i>	9
Male-Parenting Information	5

REFERRALS (1/2 Point)		Referral Points	REFERRAL FOLLOWUP (1 POINT) TOTAL POINTS
Total TANF Eligible Clients Served	Total TANF Eligible Clients Served		
1 Adoption Agency		0	
2 Adult Education/GED	2	1	
3 Employment	3	1.5	
4 Food/Clothing	1	0.5	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	10	5	5
7 OB/GYN	11	5.5	7
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	6	3	3
13 STD/HIV Testing		0	
14 WIC	11	5.5	7
15 Public Assistance	5	2.5	1

OTHER SERVICES (2 points)		Other Services Points	TOTAL
Total TANF Eligible Clients Served	Total TANF Eligible Clients Served		
Client Parenting/Prenatal Classes (#classes x total # participants)	12	24	
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6	
Follow Up - Pregnancy Decisions	6	12	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	145	23	168
TOTAL POINTS	74	67	164

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	4/2/2018
Beginning Inventory	42
# Clients Served	11
Amount Distributed	20
Amount Remaining	22

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Cenla Pregnancy Center

Services Month: 1-Mar

Date: 4/2/2018

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual).
For Individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Cenla Pregnancy Center	Services Month:	Mar-18	Date:	4/2/2018
--	------------------------	--------	--------------	----------

COMMUNITY OUTREACH ACTIVITIES
i.e. health fairs, speaking engagements, walks for life, etc.

Date	Description
3/1/2018	submission of Christu Health Grant
3/2/2018	Outreach to Marksville High School Nurse
3/4/2018	spoke to youth group at St. Rita's
3/5/2018	spoke to Lecompte Rotary Club
3/6/2018	spoke to Alexandria Nurse Family Partnership Region 6 nurses/supervisor
3/8/2018	Board Meeting
3/10/2018	Zion Hill Vendor Market Expo
3/13/2018	Ruston Civic Center/Ruston- Life Choices Pregnancy Center Banquet
3/15/2018	spoke to Cenla Volks Folks
3/18/2018	spoke to Midway Baptist Church Congregation
3/19/2018	God in the Workplace, Louisiana College
3/20/2018	St. Mary's Pregnancy Center Banquet, Shreveport
3/23/2018	Cenla Execbuilders Orientation
3/24/2018	LAL Conference, Baton Rouge
3/27/2018	spoke to NHS at a local High School who did a baby bottle campaign for pregnancy center

Louisiana



Alliance for Life

Monthly Report Approval

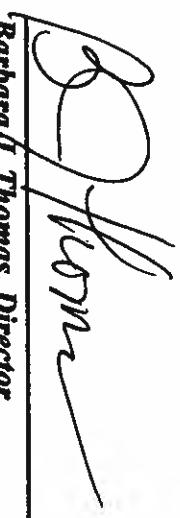
Month: MARCH 2018

Supervisor:	Crossroads Pregnancy Resource Center	Points	Dollar Amount
Client Service Points / Amount		54	\$2,300.00
Client Service Reports/documentation		YES	
TOTAL Dollar Amount Paid	>>>>		\$2,300.00

APPROVED BY:



Michael Farris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor Name	LA Alliance for Life	Program Name	LA Alliance for Life
Contract Number	LA-16-001	Service Month	March 2018

Please submit supporting client services documentation which includes relevant LA Client Services Records, Case Information Forms, and LA Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Eligible Clients Served
-----------------------------	-------------------------

Pregnancy Testing	8
New clients who took a pregnancy test and commit to full-term pregnancy	8
Pregnancy Retest	1
Returning clients who retested and commit to full-term pregnancy	1
Adoption Education <i>counseling or informational sessions</i>	2
Male-Adoption Education	
Abortion Prevention Education <i>counseling or informational sessions</i>	
Male-Abortion Prevention Edu.	
Abstinence Education <i>counseling or informational sessions</i>	5
Male-Abstinence Education	
Parenting Information <i>counseling or informational sessions</i>	7
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1/2 POINTS) TOTAL CLIENTS
-----------------------	------------------------------------	-----------------	--

1 Adoption Agency	1	0.5	
2 Adult Education/GED	3	1.5	
3 Employment	4	2	
4 Food/Clothing	5	2.5	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	7	3.5	
7 OB/GYN	6	3	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling	1	0.5	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	1	0.5	
13 STD/HIV Testing	1	0.5	
14 WIC	5	2.5	
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
---------------------------	------------------------------------	-----------------------	--

Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>		0	
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>		0	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	70	0	TOTAL
TOTAL POINTS	32	22	0
			54

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	3/30/2018
Beginning Inventory	68
# Clients Served	3
Amount Distributed	6
Amount Remaining	62

Services Reimbursement Model	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

Louisiana

Alliance for Life

Monthly Report Approval

Month: MARCH 2018

Supervisor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	503	\$4,300.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$4,300.00

APPROVED BY:


Michael J. Foy, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: LOUISIANA ALLIANCE FOR LIFE		SUBCONTRACTOR ADDRESS: 1000 St. Charles Avenue, Suite 1000, New Orleans, LA 70130	
SUBCONTRACTOR PHONE: (504) 861-1000		SUBCONTRACTOR FAX: (504) 861-1000	
SUBCONTRACTOR EIN: 23-7100000		SUBCONTRACTOR MO#: 1000	
SUBCONTRACTOR CPT: 00000000000000000000000000000000		SUBCONTRACTOR CPT: 00000000000000000000000000000000	

Please submit supporting client services documentation which includes relevant LAAL Client Services Records, Case Information Forms, and LAAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)		Total TAKEN Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL POINTS
Pregnancy Testing	32			
New clients who took a pregnancy test and commit to full-term pregnancy	23			
Pregnancy Retest	0			
Returning clients who retested and commit to full-term pregnancy	0			
Adoption Education counseling or informational sessions	32			
Male-Adoption Education	4			
Abortion Prevention Education counseling or informational sessions	32			
Male-Abortion Prevention Edu.	4			
Abstinence Education counseling or informational sessions	27			
Male-Abstinence Education	4			
Parenting Information counseling or informational sessions	66			
Male-Parenting Information	13			

REFERRALS (1/2 Point)		Total TAKEN Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL POINTS
1 Adoption Agency	4	2	1	
2 Adult Education/GED	12	6	1	
3 Employment	11	5.5	0	
4 Food/Clothing	9	4.5	5	
5 Housing	12	6	2	
6 Medicaid (NOT certified app. centers)	25	12.5	11	
7 OB/GYN	32	16	14	
8 PreMarital/Marriage Counseling	4	2	3	
9 Professional Counseling	5	2.5	2	
10 Rape Crisis Center	0	0	0	
11 Rent/Utilities	2	1	0	
12 SNAP/FITAP	5	2.5	0	
13 STD/HIV Testing	25	12.5	11	
14 WIC	18	9	8	
15 Public Assistance	8	4	0	

OTHER SERVICES (2 points)		Total TAKEN Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	17	34		
Male Prenatal/Parenting Classes (#classes x total # participants)	16	32		
Follow Up - Pregnancy Decisions	16	32		
Follow Up - Pregnancy Outcomes	12	24		
TOTAL SERVICES	470		58	528
TOTAL POINTS	237		58	503

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor Life Choices of North Carolina	Services Month: March 2018	Date: 4/3/2018
---	--	------------------------------

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For

LOUISIANA ALLIANCE FOR LIFE Subcontractor Monthly Services Report

Subcontractor: Life Choices of NCLA **Services Month:** Mar-18 **Date:** 4/4/2018

COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.

Louisiana



Alliance for Life

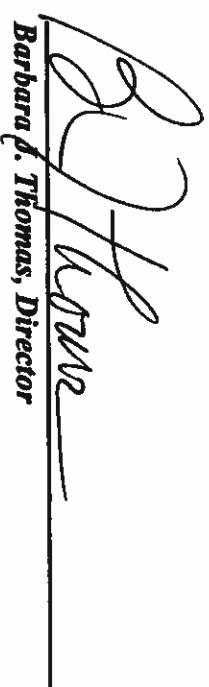
Monthly Report Approval

Month: MARCH 2018

Submitted by	Frederick's Project Center	Points	Dollar Amount
Client Service Points / Amount		127	\$2,300.00
Client Service Reports/documentation		YES	
TOTAL Dollar Amount Paid	>>>>		\$2,300.00

APPROVED BY:


Michael Feirris
Administrator


Barbara J. Thomas
Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor Name	Family Life Federation, Inc. Pregnancy Problem Center	Program Name	Family Life Alliance for Life
Contact Name	James Grosjean	Program Location	Metairie
Phone Number/Ext.	225-971-1400	Service Month	March

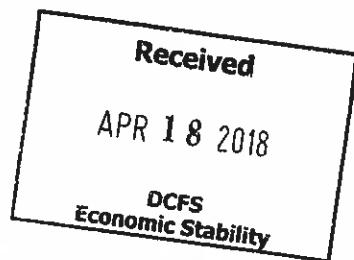
Please submit supporting client services documentation which includes relevant LAFL Client Services Records, Case Information Forms, and LAFL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	4
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	4
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	4
Male-Abortion Prevention Edu.	1
Abstinence Education counseling or informational sessions	4
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	4
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	4	2	5
7 OB/GYN	4	2	4
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	3
14 WIC	4	2	6
15 Public Assistance	4	2	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	13	26	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	9	18	
Follow Up - Pregnancy Outcomes	15	30	
TOTAL SERVICES	83	16	TOTAL
TOTAL POINTS	28	16	99
			127

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	3/31/2018
Beginning Inventory	39
# Clients Served	4
Amount Distributed	2
Amount Remaining	43



Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Family Life Federation/Pregnancy Problem Services Month: March

Date: 3/31/2018

PARENTING/PRENATAL GLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Louisiana



Alliance for Life

Monthly Report Approval

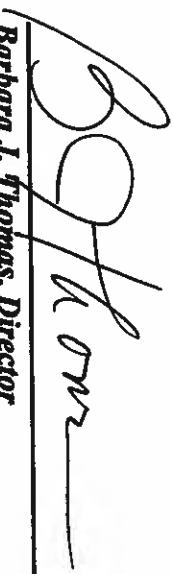
Month: MARCH 2018

Service Provider	Month's New Life - Baton Rouge	Points	Dollar Amount
Client Service Points / Amount		9	\$2,300.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>		\$2,300.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life		
CONTACT NAME:	Maureen Lavergne	LOCATION:	Baton Rouge		
PHONE NUMBER:	225-655-5470	SERVICE MONTH:	Mar-12	DATE:	4/6/2012

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL FANE	
	Eligible Clients Served	
Pregnancy Testing	3	
New clients who took a pregnancy test and commit to full-term pregnancy		
Pregnancy Retest		
Returning clients who retested and commit to full-term pregnancy		
Adoption Education counseling or informational sessions	1	
Male-Adoption Education		
Abortion Prevention Education counseling or informational sessions		
Male-Abortion Prevention Edu.		
Abstinence Education counseling or informational sessions		
Male-Abstinence Education		
Parenting Information counseling or informational sessions		
Male-Parenting Information		

REFERRALS (1/2 Point)	TOTAL FANE		REFERRAL FOLLOW UP 10 POINTS TOTAL CLIENTS
	Eligible Clients Served	Referral Points	
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN		0	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	1	0.5	
13 STD/HIV Testing		0	
14 WIC	1	0.5	
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL FANE		Other Services Points
	Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	8	0	8
TOTAL POINTS	4	5	9

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Data	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA



Alliance for Life

Monthly Report Approval

Month: MARCH 2018

Administrator	Woman's New Life - New Orleans	Points	Dollar Amount
Client Service Points / Amount		7	\$2,300.00
Client Service Reports/documentation		YES	
TOTAL Dollar Amount Paid	>>>>		\$2,300.00

APPROVED BY:


Michael Harris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor Name: Women's New Life Center	Program Name: Louisiana Alliance for Life
Contact Name: ALISON MILNE	Program Location: New Orleans
Phone Number: 504-486-0812	Service Month: Mar-18 Date: 4/6/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education <i>counseling or informational sessions</i>	
Male-Adoption Education	
Abortion Prevention Education <i>counseling or informational sessions</i>	
Male-Abortion Prevention Edu.	
Abstinence Education <i>counseling or informational sessions</i>	1
Male-Abstinence Education	
Parenting Information <i>counseling or informational sessions</i>	1
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOWUP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	1
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	1
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	TOTAL
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions		1	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	5	2	7
TOTAL POINTS	3	2	7

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1-149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

Louisiana

Alliance for Life

Monthly Report Approval

Month: MARCH 2018

Service Category	Woman's Center of Lafayette	Points	Dollar Amount
Client Service Points / Amount	404	\$4,300.00	
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>		\$4,300.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME	TS, Worthy Center of Lafayette	PROGRAM NAME	Louisiana Alliance for Life
CONTACT NAME	Debbie Poirier	PROGRAM LOCATION	185 Jefferson Street
PHONE NUMBER	337-289-9366	SERVICES MONTH	March 2018

Please submit supporting client service documentation which includes relevant LAF Client Services Records, Case Information Forms, and LAF Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)		REFERRAL FOLLOW UP (1/2 POINT)	
		Total Clients Served	Referral Points
Pregnancy Testing	38		
New clients who took a pregnancy test and commit to full-term pregnancy	30		
Pregnancy Retest	0		
Returning clients who retested and commit to full-term pregnancy	0		
Adoption Education <i>counseling or informational sessions</i>	30		
Male-Adoption Education	4		
Abortion Prevention Education <i>counseling or informational sessions</i>	6		
Male-Abortion Prevention Edu.	0		
Abstinence Education <i>counseling or informational sessions</i>	32		
Male-Abstinence Education	4		
Parenting Information <i>counseling or informational sessions</i>	31		
Male-Parenting Information	4		
REFERRALS (1/2 Point)		Total Clients Served	Referral Points
1 Adoption Agency	1	0.5	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	16	8	16
5 Housing	6	3	1
6 Medicaid (NOT certified app. centers)	15	7.5	2
7 OB/GYN	15	7.5	3
8 PreMarital/Marriage Counseling	1	0.5	1
9 Professional Counseling	4	2	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	17	8.5	
13 STD/HIV Testing	32	16	
14 WIC	22	11	3
15 Public Assistance	1	0.5	
OTHER SERVICES (2 points)		Other Services Points	
Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>	7	14	
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>	2	4	
Follow Up - Pregnancy Decisions	31	62	
Follow Up - Pregnancy Outcomes	27	54	
TOTAL SERVICES	376	26	TOTAL
TOTAL POINTS	179	199	404

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	3/30/2018
Beginning Inventory	196
# Clients Served	34
Amount Distributed	78
Amount Remaining	118

Services	Reimbursement	Total Monthly Points
1 - 149	\$2,300	
150 - 299	\$3,300	
300 +	\$4,300	

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette

Services Month: March

Date: 3/30/2018

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAI Prenatal/Parenting Education Attendance forms (group & individual). For Individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Laf. **Services Month:** March **Date:** 3/30/2018

COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.